The Medical Life

Public Health Nurse

Volume XVII July, 1925 Number 7

The Early Care and Feeding of Children

By Chester A. Stewart, M.D., Ph.D.

The PUBLIC HEALTH NURSE

Official Organ of The National Organization for Public Health Nursing

Volume XVII JULY, 1925 Number 7

GROUP INSURANCE FOR NURSES

New expressions are continually cropping up and being given various meanings by the many who use them. "Group insurance" is no exception. The reason for its various meanings is the variety of insurance now possible and the almost numberless combinations to which these varieties have been put in the effort of the various insurance companies to meet the popular demand. The only constant factors in these different meanings of group insurance are that it always means insurance and that it always applies to a group of individuals employed by one employer. It may be life, sickness, accident, health, endowment, or assured income insurance, or almost any combination of these, and the individuals in the group may be from all walks of life with totally different demands and responsibilities and doing different kinds of work.

The difference between group insurance and individual insurance is explained by Philip H. Welch on page 193 of the April number of THE PUBLIC HEALTH NURSE. Mr. Welch also explains some of the conditions under which group insurance operates in industry, and its distinction from insurance for workmen's compensation.

A discussion of the beliefs and experiences of those directing visiting nurse services is being opened this month in the "Policies and Problems" department.

To attempt to separate the many questions involved in any consideration of group insurance is difficult. First there is the question of the value in insurance in any form and under any circumstances. Briefly speaking, it is a safe, regular method of saving which includes the element of cash protection against certain specified risks during the accumulation of savings. Other methods of saving, though they may be more productive, lack this protection element.

Then there is the question of the relative values of individual and group insurance, and here the advantage of group insurance as operated at present is that it can be purchased for less money, and individuals who for physi-

cal reasons are not eligible for individual insurance may have the benefits of group insurance with no additional cost or risk to the other members of the group. The provisions of the policy may be exactly the same in group as in individual insurance.

Next comes the decision as to whether the insurance shall be paid for wholly by the employer, wholly by the employed, or jointly; and that immediately raises the question of the responsibility, moral or otherwise, of the employer for each of the varieties of conditions for which protection may be secured through group insurance. These conditions are:

Protection for dependents at the death of the insured;

A means of saving for old age;

A safeguard against total loss if permanently disabled before old age;

A safeguard against total loss of income during temporary idleness due to illness or disabling accident;

A means of getting certain health protection services which are frequently included in some of these varieties of insurance because of their recognized contribution toward the reduction of payments of claims.

After all is said and done, the crux of this question lies in the fact that not all nurses can and do save a portion of their salaries sufficient to meet the demands of illness, old age, and dependents. Is this situation peculiar to nurses, and have the organizations employing nurses any responsibilities beyond paying salaries adequate to permit of saving and providing working conditions conducive to health?

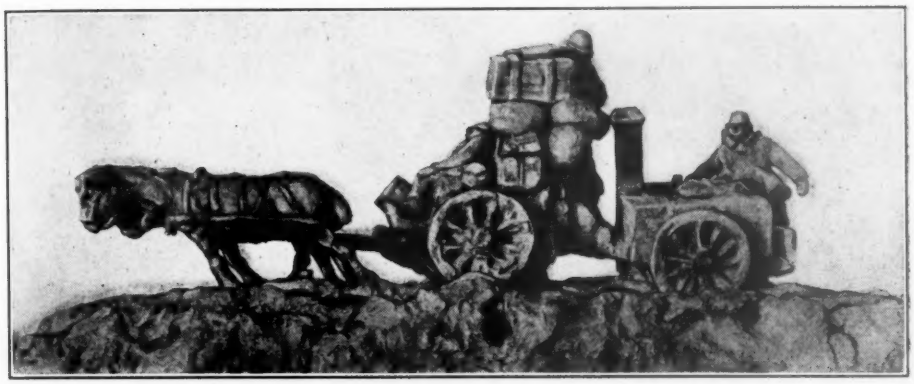
ANNE A. STEVENS

On the advice of the Publications Committee, the Executive Committee of the N.O.P.H.N. decided to make the experiment this year of shortening the "hot weather numbers" of the magazine. The July and August numbers will therefore be reduced by one "form"—sixteen pages. In September, which will be the School Nursing Number, we will return to our normal size.

We wish all our members a happy, carefree vacation time.

GROWTH OF THE AMERICAN RED CROSS MUSEUM

By Irene Givenwilson Kilner, Curator



"The Rolling Kitchen"

READERS of The Public Health Nurse will remember the articles in past issues* which described the gradual development of the Museum at the National Headquarters of the American Red Cross in Washington. Many have already had the opportunity to visit the National Capital and see for themselves the interesting exhibits described. And now this Museum is allowed to make its little bow to you once more and report on the progress which has taken place within the last year.

All nurses will be glad to know that a dream has been realized—that the complete history of a mobile surgical unit at the front in France has been illustrated by a series of small models. These have been installed on either side of the panoramic view of such a unit which was described in the July, 1924, issue and illustrate different phases in the treatment of the wounded as they are brought in by ambulances from the front.

The first scene shows the interior of the admission tent. An ambulance is seen through the open flap of the tent, discharging its burden of wounded men. Within are tables at which sit the field clerks, making out the reports on the wounded and receiving their valuables which are carefully locked away. Wounded men on stretchers lie side by side on the floor, awaiting their turn to be carried into the undressing station.

The second scene depicts the undressing and bathing station. Here the clothes are removed from the patients and immediately placed in a clothes chute which communicates with a small tent where they are deloused and sterilized. The men are next placed on bathing tables, carefully bathed and their wounds prepared for operation. While this is being accomplished, medical officers examine them and make a diagnosis of the wounds.

The third scene depicts a corner of the operating tent with the X-ray equipment for locating bullets and shrapnel. In such an operating room, four teams of surgeons could operate night and day in eight-hour shifts; or in periods of particular stress, as was the case in the week before the Armistice, eight teams operated simultaneously, so that the wounded could be properly cared for in the shortest space of time.

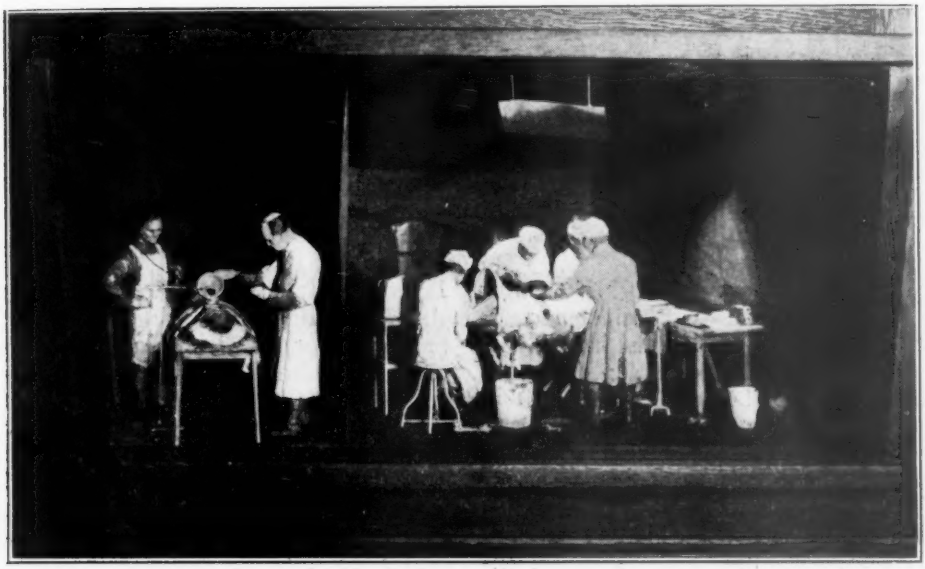
* July, 1923, and July, 1924.

The fourth scene shows the interior of a ward to which the wounded have been conveyed after operation. Only the very gravely wounded were retained in this hospital, such as serious chest, abdominal and head cases, all other patients were evacuated as soon as possible to base hospitals in the rear. This group of models is a bit of war retrospect so vivid that it stands out even among the most remarkable of the exhibits which surround it. By means of untiring attention to detail of figures and equipment, in the modeling and in the arrangement and by the careful use of lighting, effects have been produced which are uncanny in their realism. This collection of models stands as a silent testimony to the heroic doctors and nurses who served in these advanced hospital posts during the World War.

Model of Undressing and Bathing Station

Another model in the same room, but differing totally from it in atmosphere and execution, is an emergency Red Cross hospital camp amidst the ruins of Tokyo after the great earthquake of September, 1923. It was constructed by the Japanese artist, Mr. S. Hayata. A painted scenic background shows vividly the havoc wrought by the earthquake and fire. In the foreground are automobiles bringing in the injured to the emergency tents, hastily erected to serve as hospital wards and clearing stations. On the left the operation tent is being prepared and equipped by nurses and doctors. All is portrayed with a fineness of detail and a delicacy of execution that could hardly be surpassed. Among the equipment are glass bottles, half an inch in height with movable glass stoppers, a druggist's balance, glass containers with faucets that really turn and other marvels which illustrate the wonderful skill of our Japanese friends.

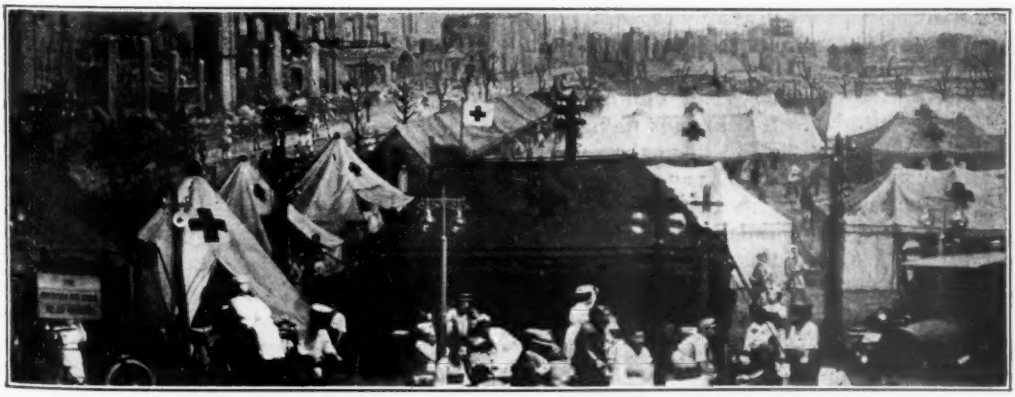
Another valuable addition to our exhibits is a group entitled "La Cuisine Roulante" or the "Rolling Kitchen," by a French sculptor, Charles Gir. The group has a most interesting history. In 1917 the American Red Cross established at Chalons-sur-Marne a canteen for the French troops. In



Model of Operating Tent—With X-Ray Equipment

appreciation of the services rendered to our allies by this canteen Monsieur Gir designed and executed this group and presented it to the canteen where it stood for two years, 1917–1919. It represents a field kitchen drawn by mules making their way to the front through the deep ruts of mud. The group was slightly damaged by the bombardment by the Germans in July, 1918, when part of the canteen was destroyed. In spite of this the American women continued their duties during the whole period of the bombardment. This historic group has now been presented to the Red Cross Museum jointly by Charles Gir and Mrs. Marjorie Nott Marawetz, the directrice of the Chalons canteen.

Many other smaller gifts have been received during the last year, and once again the Red Cross Museum cordially invites all nurses to visit its exhibits and gain new inspiration from the testimonies and memorials to their services in the cause of humanity.



Model of Emergency Red Cross Hospital Camp in Tokyo
(Entire size of model not shown in picture)

THE CARE AND FEEDING OF CHILDREN DURING THE FIRST TWO YEARS OF LIFE

A Lecture Given to Public Health Nurses

By Chester A. Stewart, M.D., Ph.D.
Assistant Professor Pediatrics, University of Minnesota, Minneapolis
Consultant Pediatrist, Lymanhurst School for Tuberculous Children

As time progresses marked changes occur. If we consider records only a few decades in the past we find that the specialty now known as pediatrics become established in America at a comparatively recent date. Indeed it was not until about the time of the Civil War that the first chair if pediatrics was established in this country. Since that time the number of physicians limiting their work entirely to diseases of children has steadily and rapidly increased and at the present time every first class American University has a department of pediatrics devoted to research and to training medical students in this important field. As a result physicians are now thoroughly familiar with the fundamental principles of pediatrics. In addition scientific investigations are constantly modifying older conceptions and adding new ideas as to the care of children which are directed toward the promotion of the lowest possible mortality and of the maximum of perfect health.

These recent changes have occurred with such great rapidity that the grandmothers of the present generation find that many of the methods they used in caring for their children are obsolete today. It behooves physicians and nurses as well to keep thoroughly informed as to the advances made in the perfection of the care of children in order to avoid lagging behind the progress of the times. An attempt is here made to present a brief outline of measures to be taken in the care of children.

Care of the New Born

Immediately following birth as soon as the cord is tied one minim of a 1 per cent fresh silver nitrate solution should be dropped into each eye to prevent later development of gonorrheal ophthalmia. The rectal temperature is then taken and the body cleansed with warm olive oil. Next the baby should be weighed naked and dressed in warm cotton clothes and wrapped in a warmed blanket. The subsequent care during the new born period includes recording the rectal temperature every four hours and daily warm olive oil baths for three days or longer. At the time of the bath the eyes may be washed with sterile boric acid water, and nasal secretions and crusts should be removed by means of toothpick and cotton dipped in olive oil or boric acid solution.

Breast Feeding and Weight

About four to six hours after birth the baby is permitted to nurse for the first time. Thereafter clock-like regularity of the frequency is desirable, and for the majority of infants the four-hour interval between nursings proves very satisfactory and entirely meets the needs of the infant. In some instances, however, shorter intervals between nursing periods prove more satisfactory, although it is seldom necessary to put the baby to breast oftener than every three hours. As a rule only one breast is nursed at each feeding, and in most instances after lactation is established sufficient milk is obtained from a single breast to meet the infant's needs. In case one breast does not supply an adequate amount of milk, both breasts should be given at each feeding period.

The daily naked weight record is of great importance. By this record, only, is one able to determine whether

or not the baby is getting sufficient quantity of breast milk. Following birth the normal baby loses considerable weight reaching a minimum on the third or fourth day. After the initial period the weight should gradually increase daily and regain the original weight about twelve or fourteen days after birth. Excessive or continued loss of weight and failure to gain weight properly after the fourth day of life may be due to an insufficient supply of breast milk. It is, therefore, of great importance to determine the exact amount of milk obtained at each feeding, by weighing the baby (with clothes on) just before and immediately after nursing. The gain in weight after nursing obviously represents the amount of milk obtained from the breast. This information combined with the naked-weight record is the only satisfactory method to ascertain that the baby is getting food in amounts adequate to meet its needs.

The baby who does not gain weight satisfactorily is always a problem. The avenue of least resistance to solve this difficulty probably lies in offering artificial foods to these infants, but this procedure should be discouraged. At first an attempt should be made to secure the maximum supply of breast milk. To accomplish this mothers should be encouraged not to worry, should get an abundant amount of rest and sleep, and should receive a generous and varied diet including a considerable quantity of milk and other nutritious drinks. The breasts should be expressed after nursing to make certain they are completely emptied by the baby, and all the expressed milk should be given to the baby. The manual expression of the breast should be done very gently according to the following technique.* Grasp the breast in the region of the periphery of the brownish area (areola) between the thumb and index fingers, pressing gently backward toward the deeper subjacent portion of the gland. Then gently press the fingers together, and at the same time pull this portion of the breast forward in a milking movement. The milk expressed in this manner should be carefully collected in a sterile container. Initial attempts to express the human breasts in this manner may not be very successful, but with growing experience proficiency will increase until the process may be accomplished with great ease. Occasionally instances are encountered where manual expression is rendered somewhat difficult due to the presence if inverted nipples. Nevertheless if experienced, even in these individuals the breasts may be expressed thoroughly and completely. Undoubtedly every nurse should be thoroughly familiar with this technique in order that she may give this valuable knowledge to mothers when the situation arises. Expression of the breast is to be advised in instances where the babies are weak, have a cleft palate, are premature or do not nurse vigorously enough to completely drain the breast. If the baby nurses vigorously and only a few drops are obtained on repeated expression following nursing, the manual removal of milk from the breast probably should be discontinued, for in these instances the baby undoubtedly has drained the breast completely.

If all known methods of obtaining the maximum amount of milk the mother can supply have been employed without obtaining enough to meet the needs of the baby, then upon the advice of the attending physician additional food may be given as prescribed. In giving this additional food nursing should be continued with clock-like regularity. Never omit a nursing period because the mother has an inadequate supply of milk, for the omission of nursing periods favors a decrease in the amount of milk the mother can supply. It is extremely important and absolutely necessary to see that the breasts are completely emptied at each nursing period regardless of the amount of milk the breast can supply.

* See also "The Nurse's Part in a Breast Feeding Campaign," by Helen Chesley Peck, in the June, 1924, number.

Care of Navel

From the first day the navel should be kept perfectly clean, covered by a sterile dressing held in place by means of a sterile abdominal binder. The care is essentially prophylactic to prevent infection. The dressings and binder may be discarded after the navel is entirely healed. Occasionally a slight discharge from the navel may persist for a considerable period due to the presence of granulation tissue at the point where the umbilical stump became detached. This condition is easily remedied by applying a ten per cent solution of silver nitrate once daily for a short period. Any redness, inflammation or induration in the region of the navel requires special and careful treatment and in the presence of such conditions a physician should be called.

Discharge from the Eyes

In all cases showing a discharge from the eyes a smear should be made to make certain the condition is not due to a gonorrheal infection. Fortunately most cases of conjunctivitis are not due to this type of infection. Occasionally a reaction accompanied by a profuse discharge from the eyes results from the routine prophylactic instillation of silver nitrate solution into the eyes of the newborn. For these minor inflammations of the eyes cleansing with a sterile boric acid solution usually is all that is required.

Inanition Fever

A considerable percentage of babies have a definite fever on the third or fourth day after birth which may go as high as 104° F. or higher. In the majority of instances this fever is due to loss of body fluids resulting from an insufficient intake during this period. When due to this cause the condition may be relieved by forcing fluids and by giving a colonic flushing at 80° F. Inanition fever is more prevalent during the hot summer than during the cold winter months.

Dangerous Symptoms Seen During the Newborn Period

The nurse should be familiar with and recognize symptoms indicating serious trouble on the part of the baby. These symptoms are:

Convulsions
Twitching
Attacks of cyanosis
Marked listlessness
Bloody stools
Hemorrhage and respiratory embarrassment.

When any of these symptoms are present the attending physician should be notified immediately. Among the conditions causing cyanosis, convulsions and twitchings, cerebral hemorrhage is frequently responsible. The hemorrhage may be the result of birth injury or may result from what is known as hemorrhagic disease of the newborn. A study of the bleeding and coagulation time of the blood of these babies is of definite aid in the diagnosis of the latter condition. When the baby is known to be a bleeder the hemorrhage often may be controlled by repeated subcutaneous injections of citrated whole blood or by transfusions.

Hemorrhagic disease of the newborn is so serious and frequent that the routine determination of the bleeding and coagulation time of the blood at least on the second day is desirable as a routine procedure.

(*To be continued*)

REPORT OF A CONFERENCE OF STATE SUPERVISORS OF SCHOOL NURSING

EDITOR'S NOTE.—It is the hope of the conveners of this meeting that nurses in similar positions in other parts of the country will join the informal organization drawn up at the meeting. We hope to follow up this interesting experiment with a report of the second meeting of the group—arranged to be held in October, in Boston.

A MEETING of state supervisors of school nursing, arranged by Miss Beulah Gould, Supervisor of School Nurses, Department of Education, New York, was held in New York City in April. At the present time there are, so far as is known, five states employing officials in school nursing and all of these nurses were present at the conference. The list includes:

Miss Elizabeth Murphy, Supervisor of Health, Department of Education, New Hampshire.

Miss Vera H. Brooks, Consultant in School Nursing, Department of Health, Massachusetts.

Mrs. Katherine Brownell, Assistant Health Director, Department of Education, Connecticut.

Miss Beulah Gould, Supervisor of School Nurses, Department of Education, New York.

Miss Anna L. Stanley, Supervisor of School Nursing, Department of Public Instruction, Pennsylvania; and

Mrs. Charlotte Mulcahy, Assistant in Charge of Nursing Activities, Department of Health, New Jersey.

It is believed that the following brief report will be of interest to the readers of our magazine and particularly to those nurses who are engaged in school nursing.

The purpose of the conference, the first of its kind, was primarily to become better acquainted and to compare methods. No papers were read and topics presented were discussed informally. The major part of the session was devoted to a presentation of the general scheme of work in the organization which each member represented. In order that a foundation might be laid on which to build up a definite and constructive program in school nursing it was recommended that these conferences be continued.

Many problems which arise in connection with the administration of the school nursing service were brought out in the discussion. The following facts pertinent to the subject were disclosed:

At the present time there are three six-weeks courses in school nursing offered in this group of states. Two of these courses are conducted in normal schools; one at Hyannis, Massachusetts; the other at Oswego, New York. The third course is given at State College, Pennsylvania.

The supervisor of health in New Hampshire conducts a two-weeks institute once a year in one of the normal schools in the state for the nurses employed in school nursing.

In Massachusetts the consultant in school nursing is an employe of the state department of health and works in close conjunction with the state department of education. Massachusetts enjoys the distinction of having practically all of its school districts covered by school nursing service.

A major portion of the time of the assistant director of health in Connecticut is taken up in demonstrating school nursing to school districts in small towns and rural communities. If it is demonstrated to the satisfaction of the local school committee, or groups of committees, a nurse is employed and the service financed by local school officials.

New Jersey conducts a continuous public health nursing program in child health. The work is begun in a community with a demonstration of public health nursing which covers a period of a year. The financial responsibility for this service is assumed by the state department of health. In the majority of cases where these demonstrations have been conducted the work is taken

over. Local school districts contribute toward the nurse's salary.

School nurses are official employes of school districts in New Hampshire, Massachusetts, Connecticut, New York and Pennsylvania, except in some of the larger cities where the work is under boards of health. In addition, there are nonofficial agencies employing nurses who work in schools.

It was learned that the state school nurse supervisor makes contacts with these nurses in the field through summer courses, group conferences and "pastoral visits," as someone aptly remarked. The summer courses have already been mentioned.

In Massachusetts the consultant in school nursing holds monthly meetings with small groups of school nurses. In Pennsylvania regional conferences are held yearly; the school nurses are collected at six central points within the state and given definite instruction concerning the scope of school nursing and the method of operation in the field. Contacts were made last year with 90 per cent of all the school nurses employed by boards of education. In New York at the annual meeting of the New York State Teachers' Association one section is devoted to school nursing. Special efforts are made to have all school nurses in the state attend this meeting.

HEXYL RESORCINOL

EDITOR'S NOTE: Miss Loula Kennedy, Instructor in the Johns Hopkins Hospital Training School for Nurses, sends us this note.

Hexyl resorcinol, recently widely noted in the press, is a urinary antiseptic fifty times as powerful as phenol and yet not toxic to the tissues and "the most powerful germicide ever described as a non-toxic substance." This was not a chance discovery of Dr. Veader Leonard's, but the result of ten years' experiment.

The substance is a stable chemical compound and is a urinary antiseptic, but its effect as a renal antiseptic is doubtful. Dr. Leonard said he is now working on this phase of the problem. In infections due to B. coli with great quantities of this organism, treatment as well as administration of hexyl resorcinol internally is necessary to clear up the infection.

Infections due to Gram positive cocci will clear up promptly and completely with no other treatment than hexyl resorcinol by mouth.

It is prepared in olive oil in capsules, each containing 0.15 gm. of hexyl resorcinol and is given immediately after each meal or with a glassful of rich milk if at other times. Soda should not be given while under treatment. Although the drug is active in both acid and alkaline urine, soda completely prevents the secretion of bactericidal urine.

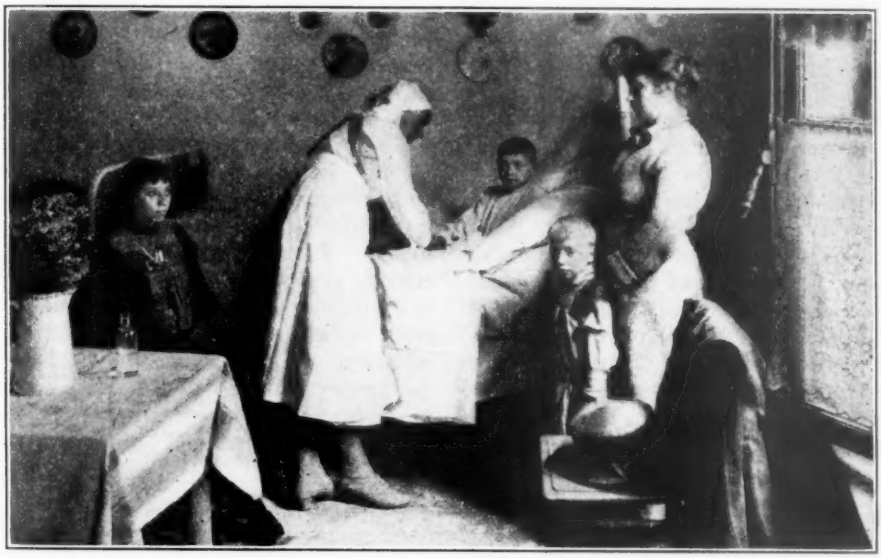
No special diet is necessary for the action of the drug, but it is advisable not to force water as it reduces the concentration of the active hexyl resorcinol in the urine.

The treatment should usually be continued two or three months. Shorter courses are usually ineffective and it may be continued indefinitely if necessary.

In asking for the "public health slant" Dr. Leonard said he thought public health nurses should know of its value in pyelitis in children, but it should be prescribed only by a physician.

VISITING NURSING IN BELGIUM

The visiting nurses of Belgium, *l'Association des Infirmières Visiteuses de Belgique,* were honored recently by having a week dedicated to them, the "Week of the Visiting Nurse," during which a campaign for funds and the interpretation of their service to the public, other nurses and young girls, were carried on successfully with many unique features. Much of the success was due to the efforts of Mlle. Cecile Mechelynck, from whose report in the Bulletin of the League of Red Cross Societies we are abstracting the high lights of the week. Mlle. Mechelynck is Directress of the School of the Visiting Nurse Association, Vice-President of the National Federation of Belgian Nurses, and a graduate of the First International Course in Public Health Nursing which was given at King's College under the auspices of the League of Red Cross Societies.



A Home Visit

Through the generosity of the Director of the Bon Marché in Brussels, the usual window display of exquisite garments and luxurious furniture was replaced in one case by the reproduction of a tiny, poverty-stricken room opening on an alley—dirty, neglected, the baby unkempt, the mother ill, and the visiting nurse arriving, bag in hand. On the other side was the room transformed by the nurse who appeared here in her uniform and apron. Such order, such cleanliness! The baby was bathed and lying in its crib, peaceful and sleepy, the mother herself seemed better. These shop windows were surrounded all week by a throng of spectators, rich and poor.

In another window was a painting of a nurse in colonial service, caring for a native African, against a background luminous with a tropic sun and dotted with native tents and palms.

The art gallery of the Bon Marché was also put at the disposal of the nurses, and here was displayed a collection of artistic interest and many nursing souvenirs.

Precious relics of Florence Nightingale were on exhibition through the courtesy of the British Red Cross, the

College of Nursing, and Miss Lloyd Still, Matron of St. Thomas' Hospital and Directress of the Florence Nightingale School. Other heroines of the nursing world were remembered. There was a portrait of Miss Edith Cavell and a plaquette on which is seen, beside Miss Cavell, Marie Depage, the heroic woman who perished a victim of her duty to her country.

The week was inaugurated by a brilliant meeting attended by the Queen and noted officials. Among the many distinguished guests was Miss Barbier, representing the British Red Cross and the College of Nursing.

At meetings held later in the week two members of the League of Red Cross Societies spoke. Miss Alice Fitzgerald spoke on visiting nursing in the Far East and Dr. René Sand talked about "The Guardian Friend of the Family, the Visiting Nurse."

The most successful event of the week was the fete organized in the slums of Brussels, which in spite of a comparatively high entrance fee attracted many women and children eager to show their appreciation of the Visiting Nurse.

Little packages of matches were made and donated to the Association by the maker. On the cover of the packages was written the history of the Association and the various services it renders the community. These, as well as cigarettes, were sold in tearooms, stores, theatres, and at the benefit performance in the Summer Palace. The beautiful poster, made for the occasion and reproduced by the thousands, was displayed in every available spot.

The press coöperated throughout the Week. Editors were invited to lecture and fetes, and every paper in the country reported the meetings in detail. Louis Raemackers, internationally famous cartoonist, drew for the paper to which he contributes weekly a sketch entitled "Social Solidarity," representing a visiting nurse. Every newspaper referred to the Week as the most important event of the season from medical and social points of view.

The way in which the visiting nurse smooths out the difficulties which often beset her patients, at the same time that she is administering nursing care, is described in a sketch sent to us by Mlle. Mechelynck, which we reproduce in part:

Wednesday, 11:30 A.M., a telephone call from Vilvorde, a suburb of Brussels, for an "infirmière visiteuse" for two children with influenza. The mother died in the night from infectious influenza. The doctor was anxious to have a nurse to teach hygiene and help the father, who felt sadly the loss of his wife, to save the children. The nurse left at 1 P.M., arrived at 2:15 P.M., after a long electric drive. The family occupied two rooms in an old castle arranged in tenements. In the kitchen were the two sick children, Benoit, aged nine, and Joseph, aged three. Two girls, five and seven years old, were being taken care of by an aunt living out of town. Benoit was able to be up, had some temperature, but was rather well and had no cough. He was comfortably arranged on a long chair, bathed and cared for. Baby Joseph, who was lying on two chairs, looked very ill and distressed. He kept calling for his mother and it was with difficulty that the nurse could attend him. The nurse prepared soothing drinks for the children. An old neighbor full of good will was left in charge with directions as to the care of the children. The nurse talked with the father who was distressed at the loss of his wife, and afraid for his children, and gave him encouragement and advice.

Thursday. Met the doctor, who seems anxious for Joseph's condition. Does not look well, coughs, has high temperature, but recognized nurse and was pleased with her nursing care.

Friday. Went in the morning during the mother's funeral to keep the children. Benoit is well, Joseph seems better, a bit brighter and happy to see the nurse. All the family were gathered in a room. Had a talk with the mother's sister who is keeping the two little girls and was anxious to bring them back because a numerous family of little pigs had just been born on the farm and kept her busy. After talk with the nurse she understood the necessity of keeping the little girls away from home to prevent contagion and was willing to take little Joseph to the farm to convalesce. Nurse left after the return of the kind old neighbor and after preparing for the disinfection of the mother's room.

Saturday. Very great change in Joseph's condition. He is very much brighter. Met doctor, who thinks child out of danger, and as the distance is great, thinks other visits are unnecessary.

PROBLEMS IN CONNECTION WITH THE ADMINISTRATION OF WELL BABY CLINICS

By Phyllis M. Dacey

Superintendent, Visiting Nurse Association, Kansas City, Missouri; Chairman of Child Welfare Section, National Organization for Public Health Nursing

Fifth in the series on Well Baby Clinics. Preceding articles were contributed by Mary V. Pagaud in January, Borden S. Veeder, M.D., in February, Dorothy Deming in March, and J. H. Mason Knox, Jr., M.D., in April.

IN DISCUSSING the problems connected with the administration of Well Baby Clinics the question seems to become more complicated rather than less so, each group apparently differs from every other group in its methods just enough to increase the number of problems (as Miss Pagaud has said) rather than offer solutions.

What income limit, if any, should be adopted for patients attending a well baby clinic? This first question we have always found very difficult to decide. Although we do feel that families able to pay for the services of a pediatrician should not be admitted to the Well Baby Clinic, we also think that many parents who can manage somehow to pay for the services of a pediatrician when the baby is ill, are not able to pay for his services when the baby is well, although they appreciate the value of such services. Many of our babies cared for at the stations come in this class and we find that those really able to pay are constantly becoming fewer and are taking their babies to pediatricians or to the family physician for guidance.

We have never found that a definite income limit could be placed, as conditions differ so widely. We feel that the service offered at the baby stations is understood and appreciated by more families each year, and we believe that the clinics are not being imposed upon by people who could afford to pay.

How shall the financial status of patients be determined? We have always felt that the nurse was well qualified to decide whether or not the family was eligible to receive free clinic service, and we have never felt justified (except in rare cases) in communicating with the employer. As our work is purely educational, it naturally attracts many families who would not otherwise appear on "Charity Lists," even though they may not be able to pay for such services. Careful work on the part of the nurse generally weeds out those able to pay, and for these cases the nurses' services are available if the private physician wishes her to visit the baby.

When shall prescriptions be given in a well baby clinic? This seems to be one of our most difficult problems. If the station is decidedly a Well Baby Station, of course *no* prescriptions ought to be given. On the other hand if minor illnesses are not treated at the station the mother of a baby with an "incipient cold" is very likely to wait for a few days to "see what will develop" or—what is worse—use remedies suggested by the neighbors. Many of our clinic physicians feel that simple treatments may be suggested in the line of preventive medicine, and (although others may not agree with me) I feel that in every well baby clinic there are times when it is necessary to resort to simple treatment, for although we may suggest and urge the family physician, our suggestions are not always followed. Even in the stations where prescriptions are never given the physicians feel that they are greatly handicapped by not giving them and the usefulness of the station is thus limited.

Shall physicians in charge of well baby clinics accept clinic patients as private patients when illness occurs? In so far as is possible we try to avoid having the clinic physician called when a baby is ill, referring the mother back to her family physician. However, many mothers have come to so depend upon the clinic physician that they insist upon calling him.

A few of our physicians attached to the clinics refuse to make calls on clinic cases, believing it is unwise to do so. Others respond to calls when it is absolutely necessary, and still others are glad to go at any time even though the family is unable to pay.

Many of our physicians feel that it would be an advantage to follow the clinic baby when he is sick as well as when he is well because a continuous service is more satisfactory to the mother and to the physician. However, even holding this opinion they have no desire to acquire clinic cases as private patients, and to avoid antagonizing the family physician we do not encourage the patients to call them.

Although very few physicians send their patients to our stations for direction in feeding, a few mothers who are reporting regularly to their own physicians, bring their babies to the stations to be weighed.

The failure of a family to pay for the physician's service does sometimes keep the mother from returning to the clinic, but it ought not to do so as the physician is always willing to wait for payment of his bill or to make a call without payment if necessary.

Although all the nurses doing child welfare work in Kansas City are members of the Visiting Nurse staff, the stations or clinics are controlled by separate private organizations. This situation necessarily makes it difficult to have any set of rules governing all the stations, although we hope that this may some day be brought about. Of our ten Child Welfare Stations four are distinctly well baby stations. The others, while caring mostly for well babies, expand slightly in the line of emergency treatment and preventive pediatrics.

DR. RICHARD A. BOLT'S VIEWS

EDITOR'S NOTE: The following abstract from "Mortalities of Infancy," which is printed in *Abt's Pediatrics*, Vol. II (Saunders Co.), defines Dr. Richard A. Bolt's views on Infant Welfare Centers. Dr. Bolt writes us that he has altered his views very little since he expressed them in this article.

The infant welfare center should provide for the education of the mothers in the care, feeding and general hygiene of all normal infants irrespective of condition of birth or economic circumstances of parents. This is as much a part of the public function as public baths, public playgrounds, libraries or schools. It is often found that the "well-to-do and ignorant" are as much in need of instruction regarding the proper care of babies as the "poor but respectable." Instruction by properly trained and qualified public health nurses in the homes of the babies has been proved to be one of the most important, if not the most important, factor in keeping the babies well and in getting the mothers to take the baby to a physician or dispensary when the first signs of illness arise. Careful follow-up of all infants coming to an infant welfare center is absolutely essential to secure satisfactory results. . . .

We should never lose sight of the fact that all infant welfare centers are primarily intended for the normal, well babies so that the mothers may receive proper instruction and advice in infant hygiene and that the course of development of the baby may be readily followed. . . .

It is perfectly right and proper to encourage the mothers of all infants to bring them as early as possible to one of the infant welfare centers for a thorough preliminary examination and careful instructions in normal feeding, impressing the necessity of breast feed-

ing and the hygiene of infancy. . . . It should be distinctly understood, and this must be made very plain to the mothers, that if the parents can afford a private physician the baby will be immediately referred out to him should any abnormality develop or should he become acutely ill. . . .

The infant welfare centers stand in a position to coöperate with private physicians and render them all possible assistance in the way of sending incipient disorders to them, but have no intention of supplanting the physician in any way in his private work for sick babies. As a matter of fact, in those communities where well coördinated work for child welfare has been carried out the physicians in the community qualified to give an unbiased opinion have stated that such work has made their practice among children more satisfactory. The physicians and nurses connected with infant welfare centers should be especially trained for such work, and should receive compensation for their services, so as to command full respect from their professional associates not employed in such work. The nurses and physicians in the centers should seek to render every possible service consistent with their public responsibilities to physicians in their districts and should fully explain the purposes and methods of their work to the private physician.

The most delicate matter with which workers in infant welfare centers have to deal is in recommending some physician to the mother when she requests it. Many of the mothers going to centers have no regular family physician. In the poorer districts, moving about from place to place is quite common. In this age of wide social contacts no physician can consider that he has a mortgage on the family practice in any community, especially where he is called in but casually and sees the patient but once or twice. We must admit from sad experience that a considerable number of medical men have not had the training nor the experience to fit them to meet the emergencies of the sick infant, especially when it comes to difficult feeding cases. . . . We must do either one of two things: Say to the mother that she must choose her own physician without any indication from us as to those of ability and experience in infant feeding, or mention to her a group of reliable medical men in her district whom we know to be competent to handle sick babies and difficult feeding cases. This matter may be worked out practically by bringing it before the local medical society and finding out what men are willing, and have had special training, to take these cases. . . . Only under very exceptional circumstances should any physician working at one of the centers be recommended to the mother in his capacity as a private physician. In the development of infant welfare centers it has been found wise never to single out a private physician either to recommend or condemn him. Should the mother give the name of her family physician we are then in a position to get into touch with him and explain to him what the center stands for.

At the meeting of the Conference of State and Provincial Health Authorities of North America, the report of the Committee of the Section on Public Health Nursing of the American Public Health Association on *Qualifications for Public Health Nursing Positions,* was approved without amendment.

The Committee is composed of representatives of the N.O.P.H.N., the American Public Health Association and the Conference of State and Provincial Health Authorities of North America. The report was approved first by the N.O.P.H.N. and with slight amendments by the American Public Health Association. It now has the approval of all three organizations represented on the committee. The Report was printed simultaneously in June in the *American Journal of Public Health* and in THE PUBLIC HEALTH NURSE.

HEALTH CENTERS IN ESTHONIA

The Health Center in Tallinn

PUBLIC health work begun soon after the war in the Baltic states of Esthonia, Latvia and Lithuania by the American Red Cross and the Lady Muriel Paget Missions (British) has been valiantly continued by the State Sanitary Departments since the withdrawal of the other agencies in 1922. Miss Margaret A. McGregor, who was Director of Nursing in Esthonia from August, 1921, until the withdrawal of the American Red Cross in June, 1922, has forwarded to us a brief account of the work initiated from the outside, and its development under state supervision, as instanced by the reports of Dr. Nicholas Sarv, Head of the Sanitary Department of Tallinn, Esthonia.

Early in the summer of 1921 the American Red Cross decided to conduct a health demonstration among the well children of the Baltic states. Health Centers were established and a house to house canvass was made to explain the nature of the work to be done, to learn the number of children of eligible age—from birth to six years—and to make appointments for them to report at the clinics. The work was carried on under the direction of a Red Cross nurse. Sometimes she had a social worker to help her; always native nurses were employed and instructed in the prescribed method of carrying on the work. An Esthonian doctor was employed and was always in attendance at the clinics, which were conducted every morning except Saturday. The afternoons were spent in follow-up work in the homes and in record keeping. One morning each week was devoted to a clinic for pre- and post-natal cases.

The Lady Muriel Paget Missions, supported by the " Save the Children " Fund, established clinics for pre-natal and post-natal cases and for children up to the age of four. The patients were divided into three classes, those

who could pay in full for each treatment, those who could pay a small amount, and those who could not pay at all.

Mothers were taught to cut and fit children's garments, to bathe, dress and feed their babies, and to prepare formulas. The work was supervised by English nurses and social workers, and native doctors, nurses and midwives were employed.

Dr. Sarv, sending the report of the work in Tallinn as continued from 1922 to 1924, writes: "The work of the clinics grows from year to year and with it grows the interest of the citizens."

During 1922, 9,039 persons called for advice at the clinic founded by the Lady Muriel Paget Missions. Medical assistance was given to 1,546 children and 101 pregnant mothers. There were 1,015 dressings. Two hundred and sixty-nine new children and 64 pregnant mothers were registered. The nurses made 705 home visits. Free milk was distributed to the neediest children.

The clinic founded by the Red Cross gave advice to 1,438 persons, 796 children under two years of age, 467 from two to six, and 175 pregnant mothers.

Continued interest in the clinics was shown during 1923 and 1924. Dr. Sarv writes:

"Out of the reports of both clinics one can best see that the interest of the people for the work is rising. Nevertheless one sees, too, that there are still many people who know nothing about the work or do not understand its idea, and are coming for some provisions, or they think the clinic is the same as an ambulance.

"Altogether the work has progressed, the children's meals are regulated, though it is very difficult to make the mothers understand. The use of bottles has diminished, the rooms are kept clean, and one does no more fear the 'cold weather.' It is a great pity when the mothers come for the first time only when the babies are already some months old and not quite well any more.

"The chief difficulty of the work of the clinic are the bad conditions of lodging and food. If the latter could be changed the work would be far easier. The Tallinn Sanitary Administration helped the two clinics by giving them provisions for the children 84 times."

See note on Health Activities in Balkan Republics, in May number, page 266.

The part the public health nurse may play, if permitted, in curbing the dangers of tourist travel to the state through which the automobile caravans are constantly pouring (as described in abstract of "Airplane and Automobile as Carriers of Communicable Disease" in the May number) is suggested in a paragraph of the unusually graphic annual report submitted by Miss Minnie C. Benson, nurse in charge of the Pima County Health Center in Arizona.

The door opens and a mother with four children enters. They are dusty and tired, and upon inquiry we find that they have come all the way from Chicago, and are on the way to the West Coast. This mother is a wise mother, for she wants to weigh and measure her children, to make sure that they are not losing weight, but are getting along all right on this long journey. A few minutes later some more tourists come in for some bandages to bandage up some old sores. We are more than glad to supply them with clean cloths and bandages.

According to a decision of the Central Midwives Board of England and Wales, the period of training for midwives is to be extended to 12 months except in the case of certain trained nurses for whom the period of instruction will be six months. It is hoped that the new regulation will come into operation next May.

Child Welfare News Summary

A GROUP OF MEETINGS

MEETING OF THE NATIONAL LEAGUE OF NURSING EDUCATION

The thirty-first Annual Convention of the National League of Nursing Education was held the week of May 25 in Minneapolis, Minnesota.

Of particular interest to public health nurses was the meeting of the afternoon of the 28th, which was given over to a discussion of the topic "To What Extent Can Public Health Nursing be Incorporated in the Undergraduate Curriculum?" Miss Amelia Grant of the Yale School of Nursing described the way in which the preventive, educational, and social aspects of nursing work is being taught throughout the course at the Yale School.

Miss Emelie Robeson, who has been making a study of nursing in dispensaries for the National League of Nursing Education and the Committee on Dispensary Development, gave her preliminary report on the "Place of the Nurse and Nursing Service in the Dispensary." This paper emphasized in concrete instances the valuable educational material available in dispensaries and offered valuable suggestions as to how this material might be made available for the teachers of student nurses.

A committee of the League was appointed to study the question of the value of affiliations with community nursing services for undergraduate nursing schools. This committee will make its study and report in coöperation with the Committee on Education of the N.O.P.H.N. The members of the Committee are: Miss Mary E. Gladwin of Minnesota, Chairman, Miss Clarabell Wheeler of Illinois, Miss Helena McMillan of Chicago.

A committee was also appointed, with Miss Elizabeth Miller as chairman, to study the question of midwifery training for nurses. This committee will work on this subject in conjunction with a similar committee to be appointed by the N.O.P.H.N.

Officers of the National League of Nursing Education elected for the coming year are as follows:

President: Miss Carrie M. Hall, Boston, Mass.
First Vice-President: Miss Mary M. Pickering, San Francisco, Cal.
Second Vice-President: Miss Marion Vannier, Minneapolis, Minn.
Secretary: Miss Ada Belle McCleary, Evanston, Ill.
Treasurer: Miss Marion Rottman, New York City.
Directors, term expiring 1927: Laura R. Logan, Chicago, Ill.; Helen Wood, Rochester, N. Y.; M. Helena McMillan, Chicago, Chicago, Ill.; Isabel M. Stewart, New York City.

GERTRUDE E. HODGMAN

CONFERENCE OF THE INTERNATIONAL CATHOLIC GUILD OF NURSES

The Second Annual Retreat and Conference of the International Catholic Guild of Nurses was held from May 31 to June 6, inclusive, at Spring Bank, Wisconsin, with an attendance of 100.

The program centered around the "Opportunities in the Fields of Nursing."

For the coming year the chief activity of the organization will be to increase the membership and raise a budget with which to make it possible to carry out the various worthy objectives of the organization.

At the first day's discussion attended by the N.O.P.H.N. representative, the question as to how best to stimulate good reading among nurses was considered. Father Garesche, the spiritual adviser of the organization, also brought up the

question as to nurses' responsibilities in making the hospitals more beautiful through an increased appreciation of art on the part of the nurses themselves.

Officers of the organization for the coming year are as follows:

President: Miss Kathryn McGovern, Minneapolis, Minn.
First Vice-President: Miss Mary Sullivan, Aberdeen, S. D.
Second Vice-President: Miss Marcella T. Heavren, New Haven, Conn.
Corresponding Secretary: Miss Frances E. O'Donnell, Toledo, Ohio.
Recording Secretary: Miss Evelyn Shea, Blue Island, Ill.

GERTRUDE E. HODGMAN

CONVENTION OF THE NATIONAL CONGRESS OF PARENTS AND TEACHERS

The Twenty-ninth Annual Convention of the National Congress of Parents and Teachers met in Austin, Texas, April 27 to May 2.

State and national leaders in education and women's clubs gave the inspirational addresses, while specialists gave reports from the many departments of child welfare which are the working basis of the Parent Teacher Association. Citizenship with all its contributing factors was discussed from every angle and the necessity for close coöperation between the home and the school—the primary *raison d'etre* of this organization, was pointed out at every turn. The public schools of Austin were represented both among the speakers and the entertainers. The music and physical education departments furnished numbers on the programs each day, contributing their bit toward the joyousness of health. The spirit of play was further carried out by a chicken barbecue at Barton Springs, to which the members of the Convention were invited by the Athens Chamber of Commerce. Another play program was led by a representative of the Playground and Recreation Association of America, following his address on "Play for Adults."

The Conference was well attended and was a practical demonstration of "good citizenship."

Relief posts established in the Congo section by the Belgian Red Cross were recently described in the *Presse Medicale:*

A tropical colony can only develop if it possesses a large and healthy native population. The Belgian government spends large sums each year on its colonial health service, which has ramifications in every part of the Belgian colonies. The Congo Red Cross, established in 1924, proposes to complement by private initiative the health work undertaken by the state and industrial bodies by means of a program comprising such activities as the establishment of medical relief stations for natives in the bush and in the regions offering the greatest danger to the health of the black population. Each Red Cross sanitary station is in charge of a doctor aided by health workers and native nurses. A dispensary with a sick ward is installed at the central point, while auxiliary dispensaries have been established by the health workers at points three days' march from the principal station. Traveling units are employed to gain the confidence of the natives who eventually come to the dispensary to continue their treatment and make propaganda for the Red Cross. Plans are under discussion for the construction of a hospital ship fitted with a laboratory which will circulate along a section of the Congo river. A close study is similarly being made of the question of launching campaigns against leprosy, and what is even more important in these regions on account of its numerous child victims, malaria.

THE FIRST CONGRESS OF NURSES OF MIDDLE AND EAST EUROPEAN RED CROSS SOCIETIES

Alma C. Haupt, Director of the Nursing Service, Commonwealth Fund Program, in Austria, sends us this interesting account of the meeting in Vienna

VIENNA, from May 11th to May 15th, was the scene of the second meeting of Red Cross Societies of Middle and East European countries and the first meeting of a distinct nursing division for this area.

Three hundred and twenty nurses registered and many more attended the meetings. The countries represented were Bulgaria, Germany, Greece, Austria, Poland, Roumania, Jugo-Slavia, Czecho-Slovakia and Hungary, while England, Canada, Belgium, Finland and the United States were represented by guests.

As if in welcome, Vienna produced her most enjoyable weather. Her lovely parks burst forth in a riot of blossoms—pansies, violets and tulips sprinkled in the grass, lilac bushes weighted with bloom, and the very tree tops, especially the chestnuts and locusts waving their plumes of pink, white and yellow.

The Hofburg, once the scene of one of the most brilliant courts in Europe, offered imposing halls for the various meetings. The guests contributed to the dignity of the whole by their impressive uniforms. Dark blue dresses, capes and coats, and long dark veils fastened about the forehead with bands of white were much in evidence.

The "Growth and Development of Health Work" in these various countries was the first subject discussed. In almost every case there was some mention of a beginning, either in hospital, training school, or public health work, helped along by the American Red Cross following the war. Many tributes and expressions of gratitude were made for the assistance at that time. Through high devotion and suffering, these European nurses have brought their profession out of the dark days of war into a dignified place in present community life.

The program was so arranged that subjects of interest to both hospital nurses and public health workers were intermingled. In some of these European countries, public health work is done by people who are not nurses and is carried as a part of general social service work. Therefore, the bringing together of the hospital nurse and the health visitor in one congress was mutually helpful. Great applause followed the remark that it is important to draw women out of professions for men into those for women—the two most womanly being nursing and public health visiting.

The characteristic most frequently applied to these two callings was that of motherhood. It was said of the generalized health worker who also does social work that her position required her to be "three-fourths of a doctor, half a teacher, half a jurist, and a whole mother."

Problems seem to be much the same the world over—How should theory and practice be correlated? The needs for post-graduate work; should bedside care be included in public health nursing? How can hospitals be induced to have social service departments?

American nurses can well admire the poise and charm of their European sisters on the platform. Most of the talks were lively, full of good humor, and well expressed. There was never any difficulty creating discussion, in fact the meetings would have lasted until midnight had all enthusiasts been given the floor.

So successful were the meetings, that they ended in one shout of applause; in many expressions of gratitude to the Nursing Division of the League of Red Cross Societies and to Miss Alice Fitzgerald and Miss Katherine Olmsted who had made the arrangements; and in one united request that this nursing division meet again year after year.

A HEALTH SURVEY

EDITOR'S NOTE: We have been given the privilege of printing this abstract from the portion of the Report of the Health Survey of Minneapolis made by Dr. C.-E. A. Winslow and Dr. Ira V. Hiscock which deals with the generalized nursing experiment. We print this as a follow-up to the article by Ruth H. King on "The Sixth Ward Nursing Service of Minneapolis" which appeared in the March, 1925, number.

THE development of public health nursing in Minneapolis has begun, as has been the case in most cities, with the organization of specialized staffs working along particular lines. During the past five years there has, however, been a growing tendency throughout the country to substitute for these special services a generalized type of district nursing in which each nurse renders all the service necessary within a single district. The advantages of the generalized plan are twofold. In the first place the nurse under this plan can accomplish a larger volume of work because she wastes less time in going from place to place and her work is of far higher quality because she sees all the health problems of the family in a broader light, and above all because she establishes a personal contact with the family which can rarely be effected by a nurse who only deals with one special type of problem. The real underlying reason why the nurse is so valuable an agent in health education is that her actual helpfulness in time of need opens the way for ready acceptance of her advice.

An exceedingly interesting experiment along this line of generalized nursing has been made during the past two years in the Sixth Ward of Minneapolis. . . .

Difficulties have arisen in the conduct of this demonstration, as must always be the case where a new form of coöperation is involved. In particular, certain aspects of the school work have not proved wholly satisfactory to the Board of Education. These difficulties, however, relate to minor details. . . .

On the whole the experiment appears to us to have proved a remarkable success, as has been the case wherever similar demonstrations have been made. The records kept in Minneapolis are, however, so complete that the statistical evidence here is unusually clear and convincing. The fear that urgent sick calls would lead to a neglect of educational work (or vice versa) is dispelled by the fact that, in 1923, 36 per cent of all calls made in the Sixth Ward were visiting nurse calls, 35 per cent school calls, 23 per cent infant welfare calls, and 6 per cent tuberculosis calls, an excellently balanced proportion. . . .

The results accomplished per nurse are as follows:

	Ward 6	Rest of city
Visiting nurse calls...	835	609
Infant welfare calls...	530	340
School calls (in the home).....	805	497
Tuberculosis calls	132	132

In tuberculosis calls the work performed per nurse is the same (although further analysis shows that the generalized nurses brought fourteen tuberculosis cases per nurse in actual contact with clinic as against six for the group of specialized nurses taken as a whole). In visiting bedside nursing, however, the generalized nurses accomplish 37 per cent more work per nurse than the specialized nurses, in infant welfare 56 per cent more, and in school nursing 62 per cent more. Taking it all in all, it seems safe to say that the generalized nurse in Minneapolis has proved herself at least 30 per cent more efficient than the specialized nurse, or in other words, that three generalized district nurses can accomplish at least as much work as four specialized nurses operating over wider areas.

Question of Cost

It must not, however, be concluded that the change from specialized to

generalized nursing will cut down the total cost of public health nursing service. The contrary is the case, for generalized nursing reveals so much more that needs to be done that the amount of nursing service required for a given population is greatly increased. Thus the Sixth Ward nurses make one bedside nursing visit for every three persons in the total population of the ward against one visit per eight persons made by the nurses of the Visiting Nurse Association in the rest of the city.

The Ward Six nurses make one infant welfare visit for every five persons, while the Infant Welfare Association nurses make one for every fifteen persons. The Ward Six nurses make one home school visit for every three persons against one visit for every ten persons made by the Board of Education nurses in the rest of the city and one tuberculosis visit for every twelve persons as against one for every thirty-eight persons in the rest of the city.

In the aggregate nearly three times as much service is rendered in this district as in the rest of the city, and experience with generalized nursing elsewhere indicates that this very real need for nursing service will be discovered everywhere although not in quite so great a proportion as in a disdistrict like Ward Six. A total increase of some 50 nurses in addition to the 112 now available will be needed to cover the whole city on an adequate generalized plan.

It is difficult, however, to exaggerate the importance of developing such additional nursing service step by step as financial conditions permit and of developing it on the generalized plan. The reasons if we may reiterate are twofold:

The increase of one-third or more in efficiency.

Still more the psychological gain to both nurse and patient.

The gain of the nurse is well summed up in the sentence contained in a report made some months ago by one of the Sixth Ward nurses:

The energy which used to go toward holding our tongues when as visiting nurses we met an infant welfare or school nurse problem can now go into solving the problem.

Further Conclusions

We believe that the following principles should be adopted for the further development of public health nursing in Minneapolis:

. . . . . .

The Sixth Ward demonstration should be continued indefinitely and the system approximately as now in force in Ward Six should be extended as rapidly as the total available nursing force permits until it ultimately covers the whole city. As it develops however, specialized supervisors should be provided to stimulate and advise the generalized staff nurses along the lines of bedside care, infant and prenatal care, tuberculosis and school nursing.

In order to make this development of generalized nursing possible there should be a gradual increase of nursing staff on the part of both public and private organizations. New nurses should be appointed on both the Health Department and the Visiting Nurse Association staffs to do generalized nursing on this coöperative plan. The ultimate aim should be to transfer the whole of this work to public auspices, but the Community Fund appropriations for nursing should be gradually increased rather than diminished until the complete generalized plan is realized. When that is done the city contribution should continue to increase and that of private agencies progressively diminish.

WHAT IS THE INTERNATIONAL COUNCIL OF NURSES?

Compiled from notes furnished by Miss L. L. Dock, for many years secretary of the Council and by Miss Christiane Reimann, the present secretary.

What is the International Council of Nurses? When, where and how did it come into being?

At the World's Fair in Chicago, in 1893, a Section on "The Hospital Care of the Sick; Training of Nurses; Dispensary Work and First Aid to the Injured" of the International Congress of Charities, Correction and Philanthropy held meetings. With it met—for the first time in history—as a subsection, an international gathering of nurses, with Isabel Hampton as chairman.

Mrs. Bedford Fenwick, as delegate from the Royal British Nurses' Association, having previously visited Chicago and Baltimore in its interests, attended this meeting. At the same time an inconspicuous gathering of the then very youthful International Council of Women, with Mrs. May Wright Sewall of Indianapolis as chairman, was holding meetings. Mrs. Fenwick was attracted to the meeting by the word "International"—which even in the last century had some reputation! At the close of the meeting Mrs. Fenwick was commissioned to urge in Great Britain the formation of a National Council of Women. This was later organized and became part of the International Council of Women.

When the International Council of Women (by that time a far more important body) held its Quinquennial Meeting in London in 1899, a group of British nurses, stimulated by Mrs. Fenwick and other leaders, asked for room on the program for a nursing subsection. Following the meeting of this subsection, it was proposed at a meeting of the Matron's Council then holding its annual meeting in London—at which a number of foreign nurses representing ten nations, among them Miss L. L. Dock and several other American nurses, were present—that "steps be taken to organize an International Council of Nurses."

The resolution was unanimously adopted. The constitution was adopted in July, 1900, and was prefaced by the following preamble:

"We, nurses of all nations, sincerely believing that the best good of our profession will be advanced by greater unity of thought, sympathy, and purpose, do hereby band ourselves into a confederation of workers to further the efficient care of the sick and to secure the honor and the interests of the nursing profession."

The constitution was amended in July, 1909.

It is a point of much interest that Mrs. May Wright Sewall was present at the meeting at which this resolution was proposed.

For some years the International Council of Nurses was affiliated with the International Council of Women, which desired to include in its membership as many representative bodies as possible. Later, because of the difficulties involved in a body of purely professional women, with little spare time, carrying on the many activities of the International Council of Women, it was decided to embark on an independent existence.

Public health nursing came into early notice at all these meetings. At the nursing subsection at the World's Fair in Chicago in 1893, Florence Nightingale contributed a paper on "Sick Nursing and Health Nursing," with health messages as modern as if written to-day. A number of papers on District Nursing in England and America were also given, with Amy Hughes and Mrs. Dacre Craven representing the English work.

At the London Congress in 1909, public health work was embodied in an

attack on prostitution, preceded by articles in the papers published in the interest of English nurses. An original investigation was made by Mary Burr, a nurse, and presented at this Congress. For that time a bold procedure indeed! In the Cologne meeting in 1912 the German nurses attacked "Over-work and over-strain." Both these discussions had widespread results. In later meetings, of course, public health nursing has been accorded a regular and important place.

The work of the Council has up to this year mainly been done through its congresses. It is hoped after the meeting at Helsingfors to start on more definite activities. Through the energies of the present secretary, a quarterly mimeographed "Bulletin" has during the past year been prepared and circulated to fifty-eight countries.

The Chicago meeting (even though held before the actual formation of the Council) has been called the First International Council of Nurses, the London meeting of 1899 (the date of the foundation of the Council) the second.

Later international meetings have been held as follows:

1901—Buffalo
1904—Berlin
1907—Paris
1909—London
1912—Cologne
1922—Copenhagen } Business meetings
1923—Copenhagen } only

International meetings were planned to be held in San Francisco in 1915 and in Atlanta in 1920. On account of the war few foreign nurses were able to attend, and nothing was done beyond the planned conventions of the American national nursing organizations.

CHILD HEALTH WORK IN AUSTRIA

Although the Commonwealth Fund brought to a close last summer the extensive post-war relief operations begun in Austria by the American Relief Administration and continued under the direction of the Fund, it is continuing its work with the children of Austria, planning two complete child health demonstrations in Graz and Salzburg (the first of these was opened in October), special activities in several provinces, and assistance to one hundred and three health stations for infants and preschool children. These plans are described in detail in the Annual Report of the Fund for 1924.

The child health stations, organized by the American Red Cross, were continued after the close of the war. By the spring of 1923 they were in danger of having to close for lack of financial support. The importance of the work and the expectation that the national government would be able to increase its support, led the Commonwealth Fund to include the stations in the new program.

During the past year an effort has been made to strengthen the stations and to render them more effective. A rearrangement of the stations in Vienna has been effected and new stations have been opened. Assistance from the Fund is continuing during 1924–1925.

Graz, province of Styria, a city of 150,000, and Salzburg, province of Salzburg, population 38,000, were chosen for the demonstration centers. Determining factors were official and private coöperation, good hospital facilities, various resources for work with children, and strategic value of location as a possible potential influence on the country in general. LeRoy A. Wilkes, M.D., Medical Director, returned to Austria to effect the preliminary organization. Miss Alma C. Haupt, formerly Superintendent of the Visiting Nurse Association of Minneapolis, is Director of Nursing Service.

In these demonstrations, careful consideration will be given to Austrian conditions. Effective existing facilities for preventive health work will be included. Austrian personnel will be increasingly employed and necessary training secured for that personnel so that upon withdrawal of the Fund's staff, the work can be continued without interruption.

Health activities are planned for other provinces, in the belief that a national rather than a local program for health would be forwarded, with each province having its own center of leadership, due to the curious mutual dependence of Austrian provinces.

Provision has been made for special assistance to children's hospitals and convalescent homes, maternity hospitals and similar institutions.

The Fund considers that no feature of its work in Austria is of more fundamental importance than the scholarships provided for the purpose of increasing the Austrian personnel trained for work in the field of health. Three nurses were last year enabled to study public health nursing at Bedford College for Women, London, and an additional scholarship has been provided for 1925. Other scholarships have also been awarded.

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

PURPOSES OF PUBLIC HEALTH NURSING RECORDS

A statement prepared by the Committee on Records and approved by the Executive Committee of the National Organization for Public Health Nursing.

Realizing that a thorough understanding of the *purposes* of public health nursing records is a prerequisite to any consideration of the records themselves, the Committee on Records begs to present the following statement:

1. To furnish the data on which to base an accounting of stewardship.

All public health nursing is carried on by means of money received from public funds or private contributions. The first duty of those responsible for spending such funds is to keep an exact account of their expenditures. This account should include not only amounts spent for specific items, but the volume of work done in relation to the size of the staff and the results accomplished as related to the purpose for which the money was appropriated or given. An adequate accounting system and method will do the former, but a careful analysis of adequate case and staff records is necessary for the latter. All individual case records should show the problem presented, the work done, and the results accomplished as a basis for judging the adequacy of the service. When compared with population figures and vital statistics the records for a community service should show whether the needs of the community as a whole are being met, or only those of one or more of the geographic, race, sex, age or disease groups in the community. In the same way the records for a special nursing service should show what proportion of those needing that special service are securing it.

2. To contribute to the care of the patient.

(a) *As an aid to the nurse.*

(1) The great majority of cases run on for a considerable period, and it is not possible for the nurse to carry in her memory the condition of her patient and his family, nor the facts of the social history which bear upon the health of the family, nor the care and instruction given in the previous visits. The record enables her to check back on all of these conditions and to observe the details of progress or retrogression and plan her care accordingly.

(2) If the record is properly designed it should be a constant reminder of the conditions that need attention and of the care that is to be given the patient and the family.

(b) *As a provision for continuity of service.*

Nurses are transferred from place to place and patients move from district to district, and they should be cared for efficiently irrespective of whether the same nurse sees them or not. If a new nurse takes charge of the case it is only reasonable to expect that she will not have to go through the expensive routine of obtaining the history of the patient and of the condition from the beginning. Furthermore, it is essential that the family shall be saved the annoyance of answering questions which have been previously asked and answered.

(c) *As a means of securing for the patient the best service from the supervisor.*

Obviously the supervisor cannot visit every patient. From an adequate record she can, however, get a complete picture of each family situation, and by bringing her wider experience to bear on the problems can help each nurse to give the best possible services in that family.

(d) *As an aid to the physician.*

The physician could plan better care for the patient if he had an adequate report of the condition of the patient and care given by the nurse on each of her visits.

(e) *As an aid to other social agencies interested in the family.*

Much duplication in questioning families may be prevented if each agency records completely the information it receives and makes it available to others interested in the same family problem. Furthermore such exchange of information opens unforeseen possibilities for coöperation between agencies.

3. To improve future care of patients.

Future contacts in any family can be made infinitely more effective if the nurse approaches the family with a knowledge of the family health situation at the time of previous contacts and the results accomplished by former work in that family. Such a knowledge can only be obtained through a study of a complete record of all previous work with that family.

We can improve the future care of patients if we can first discover and later develop those of our present methods which are successful, and discard our unsuccessful ones. We can decide which methods are successful and which are unsuccessful only by an analysis of the records of methods used and results accomplished in a large number of cases.

To accomplish any or all of these purposes as stated each record should:

1. Be properly designed.
2. Contain all the information asked for.
3. Use an accepted terminology.
4. Be studied carefully before each visit to the family.
5. Be analyzed and studied periodically with all the records for the same period in relation to the vital statistics of the community, and to the results accomplished by the advice and treatment recorded.

The Committee hopes in the course of time to present a series of recommendations as to how these purposes may be accomplished. The Committee is conscious of the fact that it has a long way to go before it can suggest record forms, systems suitable to the different organizations and communities, headings for the minimum information needed, and an accepted uniform terminology, to say nothing of stimulating organizations and nurses to keep and study records. We believe we should undertake the journey keeping our goal—even though a distant one—constantly in mind and learning as we go. May we count on every reader of THE PUBLIC HEALTH NURSE to help us by criticisms, comments, questions and suggestions?

The Committee wishes to acknowledge the help it has had in the preparation of this statement from the Advisers to the Records Committee, the Executive Committee of the N.O.P.H.N., "Records of Public Health Nursing" by L. I. Dublin, "Essays on Vital Statistics" by I. S. Falk, the Report of the Committee to Study Visiting Nursing, and "Public Health Nursing" by Mary S. Gardner.

MABEL CURRAN, *Chairman.*
HELEN LAMALLE.
MARGARET K. STACK.
MYRTLE E. TAYLOR.
MABELLE S. WELSH.
MARY A. BROWNELL, *Secretary.*

We are happy to announce the appointment of Miss Beatrice Short to succeed Miss Bears as Secretary for School Nursing.

Miss Short comes to us after five years of work as supervisor of the Bureau of Nursing, Department of Health of the Des Moines Public Schools, Des Moines, Iowa, where she has developed an excellent school nursing program.

We know all of our members will join us in welcoming Miss Short as a member of the official family of the National Organization for Public Health Nursing and the American Child Health Association.

RED CROSS PUBLIC HEALTH NURSING

EDITED BY ELIZABETH G. FOX

EFFICIENCY REPORT

EDITOR'S NOTE: In an effort to make the efficiency report simpler and yet more helpful a revision has just been made. The report in its new form, together with the introduction and three typical sections of the "Key for Nurse Field Representatives to the Use of Efficiency Reports of Chapter Public Health Nurses and Instructors," are reproduced. The purposes of the report as set forth in the three introductory paragraphs of the Key indicate the benefits to be derived from the efficiency report which is made by the nurse field representative and eventually becomes a part of the permanent service record of the nurse.

E. G. F.

EFFICIENCY REPORT

Name of Nurse — Enrol. No.
Assigned to — Chapter — Date assigned

I. Education: 1. General impression made; efforts to secure further education.
2. Character of: a. Conversation, b. Written work, c. Public speaking.

II. Organization ability: 1. Enthusiasm, 2. Vision, 3. Resourcefulness, 4. Exec. ability, 5. Approach.

III. Attitude toward:
1. American Red Cross
2. Committee and volunteers
3. Patients
4. Medical profession
5. Home Hygiene students
6. Teaching staff in schools
7. Fellow Red Cross workers
8. Other Agencies
9. Community

IV. Teaching ability: 1. Individual and Family, 2. Home Hygiene Class

V. Professional technique: 1. Bedside, 2. School, 3. Home Hygiene Class, 4. Family case work

VI. Records: 1. Promptness, 2. Completeness, 3. Neatness, 4. Use made of them

VII. Condition of: 1. Office, 2. Car, 3. Bag, 4. Supplies

VIII. General appearance: 1. Health, 2. Uniform, 3. Grooming

IX. Personality

X. Remarks:

Date — Signature
Title

KEY TO THE USE OF EFFICIENCY REPORTS

Efficiency reports serve several good purposes and should benefit the work of the individual nurse, the Nurse Field Representative, and the Branch and National offices. Taken in reverse order, their usefulness may be outlined as follows:

I. Usefulness to National and Branch Office Nursing Staff.
They provide an intelligent and fair basis for making transfers, reappointments, promotions, and for asking for resignations.
They make it possible to give discriminating credentials to other agencies on request.
They show the weak spots in the Service which need more attention.
They suggest ways to help the individual nurse.
They provide one means of judging the spirit and the discrimination of the Nurse Field Representative.

II. Usefulness to Nurse Field Representative.
They help to train her in character study and in making careful judgments and fair statements.
They help her to discover the nurse's strong and weak points, and to stimulate the former and aid her with the latter.
They help her to measure improvement between visits and to see whether her methods of supervision have had good results.

III. Usefulness to individual nurse.
Greater help given her in overcoming her weak points as result of Nurse Field Representative's thoughtful study of her needs.
More intelligent and individual help given her by Branch and National Office staffs as result of better understanding of her needs.
Privilege given her of having an honest and intelligent statement of her work and her possibilities in her enrollment record.
Assurance given her that promotions are made on the basis of recorded merit and that credentials are based on her record.

Abstract of Directions to Nurse Field Representatives

The new efficiency report is designed to serve all these purposes and to aid you to write a fair and discriminating report. In order to give you the opportunity to analyze and visualize the nurse in your own words this efficiency report gives topical headings only. On this framework will you please build the most truthful and discerning picture you can of the nurses' work and personality. In order that you may know what is meant by each heading and the type of comment which will give these headings meaning, we are giving a series of sample comments under each. These are simply a few suggestive phrases and do not cover all the possibilities nor all the shades of meaning.

I. Education. 1 (a) General impression made; (b) efforts to secure further education.
(a) "Grammar poor but has good sense and a generalized useful knowledge." "Shows excellent formal schooling but applies it poorly." "Shows lack of education but has good mind."
(b) "Reads extensively serious professional and general material." "Member local study club." "Attends night school." "Taking work in State Extension Department." "Not studious by nature."
2. Character of (a) Conversation, (b) Written work, (c) Public speaking.
(a) "Fluent and good English." "Says little, but is clear." "Hesitating and awkward." "Grammar poor." "Talks too much."
(b) "Difficult and stiff." "Intelligent and expressive." "Bad grammar and incoherent." "Ideas good, composition poor."
(c) "Logical and clear, not very interesting." "Disjointed and jerky but sincerity and enthusiasm make up for it." "Can't speak at all." "Humorous and effective."

II. Organization Ability. (1) Enthusiasm, (2) Vision, (3) Resourcefulness, (4) Executive Ability, (5) Approach.
(1) "Possesses a genuine interest which she communicates to others." "Lacking." "Half-hearted." "Felt but not shown." "Always enthusiastic about something without much discrimination."
(2) "Has definite goal for service." "Sees beyond present possibilities." "Plodder—good at routine but hasn't much imagination."
(3) "Can always find a way to carry out plans." "Meets emergencies well, somewhat lazy mentally when things going well." "Blind to opportunities at hand." "Not very successful at getting help from volunteers and other agencies."
(4) "Plans her own work systematically, cannot delegate authority." "Understands organization lines and division of responsibility." "Shuns responsibility." "Takes too much responsibility." "Doesn't understand organization."
(5) "Knows how to deal with others." "Good mixer and makes good approach." "Always has defensive attitude." "Very reticent and dignified but wins confidence." "Tactful." "Too abrupt and impulsive."

V. Professional Technique. (1) Bedside, (2) School, (3) Home Hygiene Class, (4) Family Case Work.
(1) "Careful and thorough." "Too hurried." "Work rough—unfinished." "Sloppy." "Ethical."
(2) "Many breaks in technique." "Systematic and quick without roughness." "Good approach teacher and pupils." "Stimulating and helpful." "No plan." "Very careful and looks after details."

(3) "Well thought out and practical for the home." "Exacting in method, sometimes introducing elaborate hospital procedure." "Simple, systematic, usable." "Careless methods—'sloppy'."
(4) "Unobservant of social problems." "Does not use other agencies enough." "Shows insight and good sense in dealing with social problems." "Too sympathetic—pauperizes."

VIII. General Appearance. (1) Health, (2) Uniform, (3) Grooming.
(1) "Looks thin but seems well." "Complains a good deal but looks well enough." "Shows fatigue—needs a rest." "Goes too fast and shows effects."
(2) "Wears full uniform and looks well in it." "Ill fitting uniform makes her look badly—looks trim in street clothes." "Doesn't know how to dress."
(3) "Looks fly-away." "Neat in details as hair, finger-nails." "Is particular about dress but careless about shoes and gloves."

The meeting of Field Representatives in the Eastern area of the American Red Cross in Washington, May 18 to 27 was—to an onlooker—a very strenuous occasion. The representatives gathered at 8:30 and from then on until 4:30 or after—mostly after—sessions general and sub, occupied every available moment. To the onlooker it was an impressive demonstration of the thoroughness and care with which the Red Cross takes up with its field people its innumerable problems in the endeavor to perfect its organization. Organization, however, was not the only note—a pleasantly human way of looking at things in the discussions was very noticeable—and an acceptance of mortal limitations, together with a thoroughly Red Cross determination to "get things done." The conferences of the field nursing representatives with Miss Fox and Miss Noyes were models of careful preparation and democratic discussion. The very varied and heavy responsibilities of this fine group struck the onlooker very forcibly as she "listened in" to the perplexities and problems brought up for discussion. But what are problems for but to be met and wrestled with, and perplexities but to resolve into simplicities. A serene confidence stole into one's mind that in the course of time all would be competently attended to—not only "flood or fire or famine" but the daily struggles with less dramatic but equally demanding difficulties. The Home Hygiene conference with the field nurses was full of interest and made clear the immense strides this important branch of Red Cross work has taken in the last few years, and with what care it has been developed:

"Interesting Rural Communities in the Junior Red Cross" was very intriguing—especially the account of the "isolated schools" of the South, not considered isolated—or even hardly rural—by the people who live there.

Spare moments were well repaid by visits to the Red Cross Museum which year by year adds treasures to its treasures.*

The meetings were all held in the sumptuous and stately rooms of the beautiful Red Cross Building in its equally beautiful surroundings.

The final impression left with the onlooker was that being a nursing field representative of the American Red Cross is a complete education in itself. There seem to be very few things indeed which she may not at some time be called upon to do and demonstrate. As for "organization," "detail," "interrelation," "coördination," anyone desirous of knowing the full meaning of these truly American words, join the Red Cross field nursing service. A. M. C.

* See article by Irene Givenwilson Kilner in this number.

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING SERVICES

GROUP INSURANCE FOR PUBLIC HEALTH NURSES

The editorial in this number explains the reasons for beginning this discussion. The questions printed below were sent to a number of organizations. We will be glad to hear from anyone interested in this discussion, which will be continued in the August number and which we hope will at least help to clarify our ideas.

1. *What facts have been learned by public health nursing organizations in regard to accident and sickness insurance? In regard to pension or retirement benefits? What plans have been adopted? What plans seemed impractical and were discarded; and why?*
2. *One of the national health organizations has established a salary allotment plan of life insurance. Would this be of as much value to a nursing organization as some plan of annuity or pension?*
3. *Are many organizations carrying industrial accident insurance? Is this a legal requirement in some states?*
4. *Would it be preferable for organizations to urge their staffs to consider plans for individual saving—whether this be through some form of insurance, through Savings Bank Account, Building Loans, etc.—rather than taking up with them the question of group insurance?*

Many years ago the question of insurance or of a pension plan was presented to the Henry Street nursing staff when a special sum of money was given for the use of the staff to be applied as they should decide. They voted for an increase of salary and nothing further was done about the insurance idea for some years. Some twenty years ago when one of the pioneer workers had to take a prolonged rest, some of the most loyal supporters of the organization provided a sum of money, the income of which was to be used to assist sick nurses who had been on the staff at least five years. Since then a number of executives have looked into the question of group health insurance, but always the answer has been that for such a small group the cost of insurance would be prohibitive. Last year a plan was worked out to provide a pension plan for the existing staff of 265 employees, but this plan demanded an initial outlay of $42,000.

The problem has been taken up by the teaching profession. The study made by the Carnegie Foundation, which resulted in the organization of the Teachers Insurance and Annuity Association, convinced the Foundation that a pension system should "rest upon the coöperation of employee and employer; that for the assurance of an annuity there must be set aside, year by year, the reserve necessary, with its accumulated interest, to provide the annuity at the age agreed upon; that the arrangement with the teacher should be a contractual one upon an actuarial basis; and that such annuities should be supplemented by life insurance." The above named Association was established by a contribution of $1,000,000 by the Carnegie Corporation in 1918, and this capital and surplus furnished the income for the expenses of management. The charter of the Association states, "The purposes of the corporation are to provide insurance and annuities for teachers and other persons employed by colleges, by universities, or by institutions engaged primarily in educational or research work; to offer policies of a character best adapted to the needs of such persons on terms as advantageous to its policyholders as shall be practicable; and to conduct its business without profit to the corporation or to its stockholders."

Since public health nurses have so definitely become "primarily engaged in educational work" it is time that a similar opportunity be offered these educators to provide for their self-respect and independence when their days of greatest usefulness are over.

A representative of the Metropolitan Life Insurance Company recently stated that when a plan of savings was offered to the 6,000 employees of that company, about 50 per cent of them took advantage of it. Now an "income and pension plan" has been offered them to which 90 per cent of the employees have subscribed. This plan as worked out in detail provides for an equal monthly payment by employees and employer after one year of service. At the retirement age of sixty-five the employee receives a monthly retirement allowance based on the age when she began her payments and upon the amount she and the organization have paid in monthly. If the employee leaves the service, or withdraws from the plan, the full amount she has put into the plan is returned to her. The organization also receives practically full return for its payments in this event.

A modification of this plan provides that the employer does not begin payments until the employee has been in service five years. The employer must then make up the difference in the past five years, but because his number of five-year employees is smaller he is not carrying so large a bond.

This "Income and Pension Plan" of the Metropolitan Life Insurance Company seems to be the most possible of any yet suggested, but of course there is still the possibility that some such opportunity as that offered by the Teachers Insurance and Annuity Association may be available to public health nurses.

Henry Street Visiting Nurse Service, New York City.

1. The Portland Visiting Nurse Association, for the protection of the nurses and office secretaries, requires that they carry an accident and health insurance, which is done in the form of group insurance, the Association paying one-half of the cost of the premium, and also allowing one week's sick leave. Before the insurance was carried, the Association allowed two weeks sick leave. The Association is relieved of the financial responsibility toward the nurse, in case of long illness, and the nurses, themselves, feel that they are better protected, through carrying insurance. Since the first of the year, one of our nurses, who had a fractured patella, has received six weeks' compensation from the insurance company, whereas, under the old plan, she would have had only two weeks' salary. We consider that there are many benefits to the nurses, under the group insurance plan. The principal sum of $1,000 is paid in case of death by accident, but not from illness. Both in case of illness and accident, there is a benefit of $100 per month, but not payable for one week's illness only. If ill for two weeks, the benefit is paid for one week; for three weeks' illness, it is paid for two weeks, but if illness continues for the full month, the benefit is paid for the month.

2. Personally, I think there is much to be said in favor of recognition of long and faithful service, but this has not been considered by our Board of Directors.

3. We have made many inquiries, but have not found any organizations carrying industrial insurance. This is not a legal requirement in Oregon.

4. We have talked with a number of business men regarding their ideas for individual savings among their employes, and it seems to be the consensus of opinion, that while thrift should be encouraged, it really was not the business of an employer to insist upon any form of savings, by their employes.

Visiting Nurse Association, Portland, Oregon.

The Visiting Nurse Association of Hartford has been very much interested in the article in the April number of the magazine on Group Insurance, because for some time we have felt that it would be a money saving proposition to cover our staff with Health Insurance.

We have always carried an Indemnity Insurance which safeguards any member of the staff in case of accident, and has been the means of providing for nurses who have had either slight or serious accidents while on duty with the Association. It is, however, for the staff member who is suddenly taken off duty for an operation or for a serious

and prolonged illness that we have felt the need of turning our attention. Heretofore this has been taken care of in individual cases and has proven more or less of a burden, as the worker must be replaced in the field.

It has been our custom to provide a month's vacation on pay in addition to a ten days sick leave, 50 per cent of which has been entirely or partially used per year.

In talking over this problem with insurance companies in Hartford only The Travellers have been interested enough to suggest a solution. This provides for individual accident and health policies for each member of the staff to be paid quarterly at the following rate:

Death	Accident and Health Indemnity	Premium Ann.	Quar.
$500	$10	$36.00	$9.00
1000	10	37.60	9.40
1000	20	72.00	18.00

Of course this can be adjusted so that the minimum death is $200 at $18 a week at a cost of $68 per person. If the Association wishes to take the whole responsibility of this insurance it would be multiplied, of course, by the number of staff members, and the Association making the payments on the premium would be free to adjust the individual case to the staff worker as occasion arose.

In a city where there is a Community Chest the extra funds, if there are such, can be used for this purpose. This is not entirely reliable as many times the whole budget is decreased on account of the fact that sufficient funds have not been raised.

The cost of Group Insurance seems to make the consideration of this entirely out of the question.

It is much more expensive to get health and accident insurance for women than for men, and for nurses as a whole the insurance companies are not willing to take the risk.

For some time our staff members have been urged to make regular and safe investments, but it is quite improbable that during her term of service, each nurse would be willing to consider individual accident and health policies.

We feel certain that there is a definite need for some policy to be carried out regarding the care of workers in the field, who are thrown upon their own resources at a time of illness. Whether in Hartford it will be worked out under an accident and health policy or taken care of by the Community Chest has not yet been definitely decided.

Visiting Nurse Association of Hartford, Conn.

Our organization is carrying industrial accident insurance through the Workingmen's Compensation Act, which is a legal requirement in the state of Pennsylvania. I find that at least 50 per cent of our staff are carrying endowment insurance while others are carrying the regulation life insurance together with sick benefit insurance.

Personally, I feel that the nurses as a professional group should be able to plan ahead for themselves either by systematic saving or by taking out whatever insurance they feel meets their needs. So many of the nurses take out insurance as soon as they leave the hospital so most of them have taken it out at a fairly early age.

Erie Visiting Nurse Association, Pennsylvania.

(*To be continued in the August number*)

REVIEWS AND BOOK NOTES

PERSONAL HYGIENE FOR NURSES

Adapted also to the use of Students of Physical Education and other Health Specialists

By John Wymond Miller Bunker, Ph.D., and Clair Elsmere Turner, M.A., C.P.H.

C. V. Mosby Company, 1924. $2.00

There is probably no greater beam in the eye of the nurse, public health or otherwise, which prevents her from removing the mote from her neighbor's eye than her own failure to fully apply knowledge of prevention, hygiene and health to her own life.

In nursing education, therefore, it is of primary importance that in the beginning of her education, the nurse's attention should be, to a sufficient extent, focused on questions of personal hygiene and health.

This book of Drs. Bunker and Turner, will serve as a valuable contribution to a course of this sort, giving in a simple clear manner the fundamental reasons back of the practices of personal hygiene.

For the teacher of courses in "Home Hygiene and Care of the Sick," which are rightfully extending the scope of their teaching to cover questions of personal hygiene, this book will also be of great value. For this purpose it is by no means too technical nor too comprehensive.

GERTRUDE E. HODGMAN

THE LIFE OF SIR WILLIAM OSLER

By Harvey Cushing

Oxford University Press, New York. Two vols. $12.50.

Stuart A. Sherman, in the *New York Herald-Tribune Review of Contemporary Literature*, writes at length on this, to us, incomparable biography of the year. We quote a few paragraphs.

A competent, comprehensive biography of a great contemporary according to my taste and judgment is the most important and the most stimulating form of current literature. It presents what our society needs above everything else: an objective made visible, an ideal made contagious by realization. If wishing could do it, I would wish "The Life of Sir William Osler" into the hands of every man, woman and child who reads the six best-selling novels. . . .

One cannot conceive of any intelligent and aspiring young physician, surgeon, nurse, trustee of a hospital, or anyone earnestly concerned with public health or medical education and research who will not desire to own the book and repeatedly to make his way through its fourteen hundred inspiring and richly informative pages. . . .

Perhaps Dr. Osler's greatest services were performed as an inseminator of other minds and as a propagandist for public health, perhaps with special reference to his participation in the anti-tuberculosis and anti-typhoid crusades. To this should be added the fact that the Rockefeller Foundation for Medical Research seems to have been directly inspired by the reading of his "Principles and Practice of Medicine." . . .

Besides all this, he was a beautiful and lovable character, completely possessing several great and simple virtues which drew men to him and held them. . . .

It is an immense and wonderful book, and it should be made prescribed reading for all those grim, sad-eyed conservative killjoys who go about denying "the dogma of progress."

To himself, when he left the United States for Oxford, Dr. Osler applied the lines of Arnold's Empedocles:

> I have loved no darkness,
> Sophisticated no truth,
> Nursed no delusion,
> Allowed no fear!

The *Medical Woman's Journal* for May, 1925, is devoted exclusively to the life and works of that remarkable woman, its senior editor, Dr. Eliza M. Mosher, who this year has completed fifty years of service. Like Florence Nightingale, Eliza Mosher, as a little girl on a pioneer farm in central New York was powerfully attracted by everything that had to do with the art of healing. It is characteristic of the immense difficulties that only fifty years ago lay in the path of the pioneer medical woman that her quiet Quaker mother said to her "I would as soon

think of paying to have thee shut up in a lunatic asylum as to have thee study medicine." But, as with Miss Nightingale, difficulties to Dr. Mosher were merely incentives for action, and from her first medical study in the New England Hospital for Women and Children to her varied later experiences here and abroad, the quiet Quaker woman triumphantly overcame every obstacle in the way of obtaining a thorough medical education. Her life since reads like a long romance of fine achievement. Private practice, prison reform, physical education, lecturer and resident in women's colleges, writer, editor, organizing work of women physicians are some of her many activities. And now at the age of seventy-eight she is still active. The banquet given in her honor at the Hotel Roosevelt on March 25th was a worthy tribute to this undaunted woman and physician.

The League of Red Cross Societies has just published *Child Welfare Nursing*—No. 2 in a Series of Studies covering the phases of child welfare work done with mothers, young infants and preschool children. This is an excellent gotten up compilation intended

to help Red Cross Societies, health associations and especially nurses who are organizing or developnig child welfare nursing in one or all of its branches by giving them information regarding the experience of others in the same field, and noteworthy experiments in various countries.

This is to be supplemented in later studies to be published by the League. This series should be most interesting to American nurses as giving methods tried out in many countries under widely differing conditions.

The March number of *The World's Health* has a delightful illustrated article by Alice Fitzgerald on Red Cross Nursing in Siam. We had the privilege of publishing in the February number a brief account of nursing in Siam from Miss Fitzgerald's notes. This, however, gives a much fuller sketch of conditions in this picturesque, beautiful and little known corner of the world. The Siamese Red Cross is providing generously for scholarships to enable nurses to go to other countries to train and hopes in this way to provide for its own country a steady supply of well trained women for institutional and public health work.

The *New York Times* recently printed some of the answers to a Civil Service examination given in Boston for social workers. Here are some of the answers.

The inner meaning of "Mental Hygiene" has evidently not been so thoroughly assimilated as its promoters could wish:

"Mental Hygiene—A child suffering with mental hygiene should be placed in a proper school to cure same as much as possible."

"Mental Hygiene—A child afflicted with mental hygiene is one whose brain is not normal."

Even "Moron" which we thought as much part of our daily vocabulary as "nut" or "complex" elicited these efforts of imagination:

"Moron—An infant whose parents leave it and do not acknowledge parentship."

"A Moron is a person who has fallen to the lowest ideals possible."

"Moron—Species of immortality difficult to define with words or eradicate when found."

The Elizabeth McCormick Memorial Fund, 848 North Dearborn Street, Chicago, Illinois, has placed its library devoted exclusively to child welfare subjects at the disposal of all health and social service workers and others interested in child welfare. It contains several thousand volumes on nutrition, health education, school hygiene, mental hygiene, child labor and child psychology, and all the standard periodicals.

The United States National Museum at Washington has just installed, in the Smithsonian Building an exhibit covering the history and methods by which the blind have been furnished with reading material.

SUPPLEMENTARY GEOGRAPHICAL LIST OF INDIVIDUAL MEMBERS

"I'll put a girdle round about the earth"

(We are repeating the illustration and quotation especially prepared for the editorial page of the June number which contained the membership list, as, unfortunately, through a compositor's mistake, it was omitted from a certain number of the magazines last month.)

NURSE AND ASSOCIATE NURSE MEMBERS

ARKANSAS

Wood, Miss M. Ella

CALIFORNIA

*Barnes, Mrs. Henry K.
Bryant, Miss Agnes J.
Connelly, Miss Julia M.
Fobes, Miss Anna
*Glines, Miss Melba Violette
Hanna, Miss Jenith J.

COLORADO

*Kirkmeyer, Miss Thelma

CONNECTICUT

*Liebreich, Miss Victoria
Meo, Miss Lena D.
Pray, Mrs. Angelea D. S.
*Spring, Miss Marjorie S.

GEORGIA

Landsberg, Miss Pearl H.

ILLINOIS

Holmquist, Miss Emma M.
Johnson, Gunhild G.
Lyle, Miss Georgia

IOWA

Craine, Miss Clara L.
Drake, Miss Anna M.
Henderson, Mrs. Alyce
Thompson, Miss Elsie

KENTUCKY

*Cheatham, Mrs. Mary R.
Phillips, Miss Anna C.
*Tallichet, Miss Pauline C.

LOUISIANA

*Sister Catherine
*Sister Martha

MAINE

Bentley, Miss Louise C.
Hoyt, Miss Vivien

MASSACHUSETTS

Branagan, Miss Marion E.
Conquist, Mrs. A. E.
*Fletcher, Miss Hilda A.
Hughes, Miss Margaret M.
Mahaney, Miss Margaret A.
*Potter, Miss Janet F.
Ricketts, Miss Myrtle
Stewardson, Miss Emma M.
Stewart, Miss Mary L.

MICHIGAN

Barbour, Miss Rosetti
*Duthler, Miss Caroline

MINNESOTA

*Peterson, Miss Rosalie I.

MISSOURI

Grant, Mrs. G. B. Rose

MONTANA

Greene, Miss Ellen A.

NEW HAMPSHIRE

*Rowe, Miss Dorothy

NEW JERSEY

Bateman, Mrs. S. E.
*Harrison, Miss Carrie L.
Paris, Miss Margaret T.
*Robbins, Mrs. Alice
Schaffer, Miss Esther N.
*Welch, Miss Frances E.

NEW MEXICO

Phillips, Miss Lorena

NEW YORK

Fox, Miss Susanna
*Lafferty, Miss Anna M.
*Leary, Miss Theresa
McLaughlin, Miss G. H.
O'Leary, Miss Helen
Stiles, Mrs. E. B.

NORTH DAKOTA

Gorder, Miss Alma

OHIO

*Barton, Miss Hilda E.
Creech, Miss Etta A.
Forrest, Miss Catherine M.
Tuttle, Miss Jane L.
Walter, Miss Lydia Grace

OKLAHOMA
Van Zile, Miss Mary

PENNSYLVANIA
Siegel, Miss Josephine
*Smith, Mrs. Hazel
Swank, Mrs. Leota C.

RHODE ISLAND
*Bury, Miss Elizabeth A.

TENNESSEE
*Petitte, Miss Mary F.

VIRGINIA
Fortune, Miss Irma

WASHINGTON
Kilbride, Miss Rose A.

WEST VIRGINIA
Mayo, Miss Rachel A.
Melton, Miss Thelma Marie

CANADA
Wells, Miss Anna E.

HAWAII
Bowron, Miss Florence

NON-NURSE MEMBERS

CALIFORNIA
McCay, Mrs. Anna Bissell

ILLINOIS
Dawes, Mrs. Chas. G.

NEW JERSEY
McCroddan, Mr. Matthew

NEW YORK
Byrne, Mr. James
Coutts, Mrs. Geo. H.

OHIO
Brainard, Miss Annie M.
Meyer, Mrs. I. Harry

PENNSYLVANIA
Curry, Mr. Grant

* Dues paid: membership pending.

Correction: Miss Olive Baggallay's name should have appeared among the English members listed in the June magazine, instead of under Pennsylvania, where she spent some months during her stay in this country.

NEWS NOTES

All our members, and especially those who have had the very great privilege of working with her or who have been her students, will learn with sorrow and a deep sense of loss of the death of Anne Hervey Strong on June 17 in Boston.

The Department of Nursing Education of the George Peabody College for Teachers has been granted a gift from the Rockefeller Foundation of $8,000 a year for a five-year period for the development of its course in public health nursing. Miss Abbie Roberts, the director of this course, says that the gift will be used to secure two additional instructors in public health nursing. One of these will give a course in school nursing and health education, the other will further develop the rural teaching field and assist in teaching in the Department. The Department will also be able to add materially to its equipment.

The Rockefeller Foundation recently appropriated funds to the Vanderbilt University, Nashville, which is just across the street from the Peabody College, for the establishment of a School of Nursing similar to that being developed at Yale. Nashville and the South are to be congratulated upon these two splendid gifts which will make possible the development of a real center for nursing education in that section of the country.

Miss Anna M. Drake, who has been state supervising nurse of Iowa, has accepted the position of Superintendent of Nurses of the tuberculosis sanatorium of the Cincinnati General Hospital.

At a recent conference at national nursing headquarters Mr. L. E. Feldmahn, Director of the Russian Red Cross (old organization), presented the needs of the Russian refugees in Bulgaria, in particular the 200 nurses among the 35,000 refugees. Mr. Feldmahn had a letter of introduction from Rachel Torrance, Director of the School for Nurses at Sofia, Bulgaria.

Two hospitals, a dispensary and a children's home are maintained by the Russian Red Cross in Sofia. The nurses live in a small boarding house supplied by the Red Cross, which also aids them in getting private nursing work. About forty are employed in the Sofia hospital and in the province. Twenty work in different Russian institutions.

The most difficult problem is presented by the invalid nurses (wounded during the war or ill after their arduous work) who are absolutely incapable of work. These number about forty. They, of course, need food, lodging and nursing, while the others are able to maintain themselves by private work although their salaries are so low that the purchase of clothing and shoes is almost impossible, and they must be helped when ill or out of work. The forty nurses suffering from serious wounds, tuberculosis, insanity, mental disturbances, and other results of their war service are absolutely dependent on outside aid.

At the conference it was suggested that this information be presented to the Advisory Council of the American Nurses Association at its May meeting. The Council agreed to present the situation to its state associations, and some assistance is already being given by American nurses. If any of the state associations not represented at the Council meeting wish to contribute they may send their contributions to:

Mr. Arthur L. Richmond, care State Street Trust Company, Copley Square, Boston, Mass.

Individuals may send contributions to:

Agnes G. Deans, Director, Headquarters American Nurses Association, 370 Seventh Avenue, New York.

NOTES FROM THE STATES

Kentucky

The second annual meeting of the Kentucky S.O.P.H.N. was held June 10–12 in Lexington in joint session with the State Association for Registered Nurses. It was well attended. The following officers were elected:

President: Miss Florence Housewald, Louisville.
Vice-President: Miss Bettie McDanald, Louisville.
Secretary: Miss Margaret Brown, Louisville.
Treasurer: Miss Sue Parker, Lexington.

Massachusetts

The May meeting of the Western Massachusetts Industrial Nurses' Club was held May 21 in Springfield. Miss Blackman gave an interesting talk on social service work.

Dr. John A. Adams, orthopedic surgeon at the Boston Dispensary, gave an interesting and most instructive talk on "The Industrial Back," at the recent meeting of the New England Industrial Nurses Association.

A number of the papers from recent issues of nursing and health magazines were discussed at the meeting.

A membership committee was chosen with the view of representing all parts of New England and organizing an intensive drive for members.

One topic of discussion was the duties of the claim agent from an insurance company. It developed that in most cases the agent does not investigate a case until the injured employee has been out for a week. The question of effective antiseptics for use in minor injuries developed the fact that many nurses are now using a 2 per cent solution of mercurochrome in place of iodine. In one factory the employees are discharged if they have a second infection caused by an injury that they have not reported. Doubt was expressed as to the efficacy of treatment of small injuries with peroxide.

Most of the nurses reported that they have to send in a monthly report, others report at weekly intervals.

At the May meeting Dr. Derric C. Parmenter talked on "The Personality of the Nurse."

Mississippi

The public health nurses of Mississippi met in Jackson April 27–29 with an interesting program, including among its papers the following:

Nutrition-Preschool Age, Alice Rogers; Fresh Air Camps, Mrs. R. S. Phifer; Care and Training of the Crippled Child, Mrs. Mary S. Baker; The Misunderstood Child, W. Jacobs; The Mentally Defective Child as a State Problem, Dr. H. H. Ramsay; The Public Health Nurse as a Malaria Control Agent, George Parker; Child Labor Legislation, Dr. R. S. Curry; moving picture, "Normal Labor."

Missouri

The third annual conference for the public health nurses of Missouri, was held in conjunction with the meeting of the Missouri Health Officers Association in Jefferson City, May 20, 21, 22, with an attendance of eighty-six. Each morning was devoted to a joint meeting of both health officers and nurses and during the afternoon separate sessions were held.

The joint sessions were addressed by Dr. Mazÿck Ravenel on "Progress in Public Health Work"; Dr. Florence Kraker on "Maternity and Infancy Work in Rural Areas"; Miss Sophie Nelson on "The Nurse's Part in a Public Health Program"; Dr. Allan McLaughlin on "Organization a Fundamental Need in Public Health Work" and Dr. George Clark Mosher on "Regional Consultants in Obstetrics."

The last session was devoted largely to ten-minute talks on "One of the Most Popular Phases of Public Health Work in My County." The following nurses contributed to this part of the program: Margaret Davison, Victoria Parsons, Rae Shirley, Erna May Sutton, Elizabeth Simon, and Myrtle Funsch.

The joint meeting was such a success that it was decided to form a permanent organization out of the two groups.

The following officers were elected: President, Dr. William O'Bannon, New Madrid County Health Officer; Vice-President, Miss Margaret Davison, Nodaway